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DIVISION OF PUBLIC HEALTH SERVICES



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PUBLIC HEALTH ADVISORY

TO: New Hampshire School Nurses and School Principals

FROM: Jose T. Montero, MD, MPH, State Epidemiologist

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SUBJECT: Recommendations for the prevention and control of influenza and other respiratory illness outbreaks in schools

Epidemics of influenza (flu) occur nearly every winter and cause an average of approximately 36,000 deaths annually in the United States. Rates of infection are highest among children, but rates of serious illness and death from influenza are highest among persons aged ≥ 65 years, children aged < 2 years, and persons of any age with underlying medical conditions putting them at increased risk for complications from influenza. Deaths of older adults account for $\geq 90\%$ of deaths attributed to pneumonia and influenza. Deaths from the flu are uncommon among children with or without high-risk conditions, but do occur.

Flu is very unpredictable, and it is not uncommon for seasons to be quite different in their timing. As of this date, there has been no confirmed influenza in NH residents. We do not know how this season will progress, or when peak flu activity will occur. In the past three flu seasons, flu activity peaked in February 2003, in late December 2003 and in late January 2005, respectively.

The prevention and control of influenza and other seasonal respiratory illness outbreaks pose an important challenge for all schools. This advisory gives background information and recommendations for the prevention and control of influenza and other respiratory illness outbreaks in different school settings.

This advisory does not address avian influenza (bird flu) or influenza pandemic preparedness. For more information on pandemic preparedness and response, please refer to "Guidance for Educational Institutions Pandemic Influenza Response" which can be found on the Department's website at: www.dhhs.nh.gov.

Prevention of Influenza

In the United States, the primary method to reduce the serious effects of influenza is to get influenza vaccine each year. Because of uncertainties regarding the production of influenza vaccine during the 2005-06 flu season, a tiered prioritization for vaccine administration is recommended. The Centers for Disease Control and Prevention (CDC) recommends that initial supplies of trivalent inactivated influenza vaccine (the flu shot) be given to the following priority groups: persons aged 65 years or older; residents of long-term care facilities; persons aged 2-64

years with a serious medical condition; pregnant women; children aged 6-23 months; health-care personnel who provide direct patient care; and household contacts and out-of-home caregivers of children younger than 6 months. On 10/24/05, CDC recommended broadening influenza vaccination beyond the high-risk groups. However, because of delays in influenza vaccine shipping for adults, the NH DHHS recommends that vaccine should still be prioritized for high-risk groups listed above until vaccine supplies are adequate.

Tiered prioritization is not recommended for administration of live attenuated influenza vaccine (intranasal FluMist). This may be administered at any time to nonpregnant healthy persons aged 5-49 years, including most health care personnel, other persons in close contact with groups at high risk for influenza-related complications, and others desiring protection against influenza.

Recommendations for Controlling Influenza and Other Respiratory Illness Outbreaks in Schools

Since the appropriate treatment of patients with viral or bacterial respiratory illness depends on accurate and prompt diagnosis, encourage students and staff to discuss any symptoms with their health care providers so that a prompt diagnosis can be made and confirmatory laboratory testing can be done when appropriate.

The following is consistent with the NH “Guidance for Educational Institutions Pandemic Influenza Response” recommendations that should be followed during regular influenza seasons.

Recommendations for Vaccination Campaigns

- Offer all eligible staff, students, and visitors the opportunity to receive influenza vaccine on-site. This may be facilitated by holding vaccination clinics on designated days.
- If your institution cannot hold clinics on-site, refer to local clinics or collaborate with community health organizations to hold clinics to provide influenza vaccine to all eligible institution members of any age.
- Develop educational and promotional materials to promote availability and desirability of influenza vaccine for all.
- The administering provider of flu vaccine will document administration of influenza vaccine, preferably in a computerized database.
- Administrative, educational, and clinical leaders will promote maximum participation of staff and students in influenza vaccine program.
- Campus health services will provide multiple opportunities for staff and students to receive influenza vaccine conveniently and efficiently.

Recommendations for Surveillance, Screening, and Triage

- The institution’s health services personnel will screen all individuals at the time of registration at health services or nurse’s office. For younger children, personnel may observe for cough. With older children, they may ask the following question: “Do you have a new cough that has developed over the last 10 days?” and will:
 - Provide patients who have a new cough with a surgical mask and/or tissues.

- Document data at time of screening and review each week for analysis of trends.
- Clinical staff/school nurse will:
 - Evaluate individuals who have a new cough for fever (temperature ≥ 100.4).
 - Place all individuals who have fever and a new cough on droplet precautions, pending further evaluation.
- If private rooms are available, and evaluation requires isolation, individuals with fever and cough will be placed in a private room with droplet precautions. Otherwise, such individuals should be referred to local community health providers or hospitals for evaluation, with health services personnel calling ahead to alert staff of patient symptoms.
- The institution's health services staff have the authority to restrict individuals (staff and students) who have fever and a new cough from work, class, or any other group gathering. They also have the authority to send any student or staff home that they suspect may have a communicable disease that puts others in the institution at risk.
- Health services clinicians will screen individuals who report pneumonia or respiratory infection to identify possible clusters, or groups of ill individuals who may be linked.
 - Possible clusters will be reported to the State's Communicable Disease Control Section by calling (603) 271-4496, M-F 8AM-4:30 PM.
- "Ask for a Mask" signs will be placed at all campus building entrances and common areas to encourage all persons entering the campus to self-screen (rotating the posters periodically to maintain impact).
 - Via posters, campus staff will ask persons who have a new cough to wear a surgical mask or use tissues to cover their mouth and nose when coughing, and to use good hand hygiene during the time they need to be on-campus.
 - The institution will advise all persons, including staff, students, and visitors, who have fever and cough to defer attending school or visiting the institution until their illness has resolved.
- Monitoring surveillance data
 - The health services personnel will monitor national, regional, and local data related to epidemic respiratory infections. Information will be posted on the NH DHHS website.

Infection Control/Precautions

- All staff, students, and visitors will use ***Droplet Precautions (private room and surgical mask within 3 feet of patient)*** for all contact with any individual who has a new cough and fever, until a diagnosis of a non-contagious respiratory illness, or an infection requiring a higher level of precautions, is made.
- The institution's health services staff will use or provide for use a visible doorway "precautions sign" system to allow persons entering the room to know what type of protective equipment is needed.

- The institution will maintain adequate supplies at all times of surgical masks, waterless hand rub, and tissues throughout public areas, classrooms, and meeting rooms, as well as within the Health Services facility.
- If possible, the institution will identify key areas throughout the campus which need to maintain core groups of N-95 respirator fit-tested personnel
 - Each director is responsible for maintaining the appropriate number of trained and fit-tested staff
- The institution will display hand-washing posters (can be downloaded from: www.dhhs.nh.gov) in high-traffic areas and classrooms.

The NH Communicable Disease Control Section staff is available for consultation and assistance in controlling influenza and other respiratory illness outbreaks. Please report any increase in cases of respiratory or influenza-like illness; our staff will help you to develop control measures for your facility. During regular business hours, we can be reached at 603-271-4496, or at 1-800-852-3345, extension 4496. After hours or on weekends, please call the state switchboard at 1-800-852-3345 and request the Public Health Nurse on call.

References:

Centers for Disease Control and Prevention. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* Early Release 2005; 54 (July 13, 2005): 1-40

New Hampshire Department of Health and Human Services. Guidance for educational institutions pandemic influenza response. October 25, 2005. (can be downloaded from: www.dhhs.nh.gov)